ISDH Annual Fiscal Report of a Nonprofit Acute Care Hospital

Hospital: DeKalb Memorial Hospital

Year: 2003 City: Auburn Peer Group: Small

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue					
Inpatient Patient Service Revenue	\$13,615,814				
Outpatient Patient Service Revenue	\$35,126,677				
Total Gross Patient Service \$48,742,					
2. Deductions from Re	venue				
Contractual Allowances	\$14,792,233				
Other Deductions	\$147,057				
Total Deductions	\$14,939,290				
3. Total Operating Revenue					
Net Patient Service Revenue	\$33,803,201				
Other Operating Revenue	\$1,699,160				

4. Operating Expenses				
Salaries and Wages	\$13,655,432			
Employee Benefits and Taxes	\$4,577,248			
Depreciation and Amortization	\$2,134,390			
Interest Expenses	\$363,312			
Bad Debt	\$1,903,291			
Other Expenses	\$10,275,294			
Total Operating Expenses	\$32,908,967			
5. Net Revenue and Expe	enses			
Net Operating Revenue over Expenses	\$2,593,394			
Net Non-operating Gains over Losses	\$1,024,001			
Total Net Gain over Loss	\$3,617,395			

Total Operating Revenue	\$35,502,361

6. Assets and Liabilities				
Total Assets	\$44,331,638			
Total Liabilities	\$9,215,053			

Statement Two: Contractual Allowances						
Revenue Source	Gross Patient Revenue		Net Patient Service Revenue			
Medicare	\$19,410,856	\$9,730,738	\$9,680,118			
Medicaid	\$3,416,821	\$1,926,150	\$1,490,671			
Other State	\$0	\$0	\$0			
Local Government	\$0	\$0	\$0			
Commercial Insurance	\$25,914,814	\$3,282,402	\$22,263,412			
Total	\$48,742,491	\$14,939,290	\$33,803,201			

Statement Three: Unique Specialized Hospital Funds						
Fund Estimated Incoming Revenue from Others		Estimated Outgoing Expenses to Others	Net Dollar Gain or Loss after Adjustment			
Donations	\$268,308	\$21,390	\$246,918			

Educational	\$51,546	\$141,246	(\$89,700)
Research	\$0	\$0	\$0

Number of individuals estimated by this hospital that are involved	l in education
Number of Medical Professionals Trained In This Hospital	1,435
Number of Hospital Patients Educated In This Hospital	92
Number of Citizens Exposed to Health Education Message	40,000

Statement Four Annual Summarized Community Benefit Statement on Nonprofit Hospital

This hospital is a nonprofit organization and files an annual community benefit statement with the Department under Indiana Code 16-21-9. Each nonprofit hospital must confirm its mission statement, document the number of persons and dollars allocated under its adopted charity care policy, and describe the progress of the community to achieve specific objectives set by the hospital.

Co	ounty	DeKalb	Community	DeKalb County
Lo	cation		Served	

Hospital Mission Statement

To meet the health care needs of the residents of DeKalb County, and the adjacent areas, through the provision of high-quality, cost effective services, delivered in a compassionate and personalized manner.

Unique Services	Type of Initiatives	Document Available

Medical Research	NO	Disease Detection	NO	Community Plan	NO
Professional Education	YES	Practitioner Education	NO	Annual Statement	YES
Community Education	YES	Clinic Support	NO	Needs Assessment	1998

Allocation of Dollars and Persons Served under Adopted Charity Policy

Most nonprofit hospitals adopt a charity benefit policy to serve the medically indigent. On an annual basis, the hospital will confirm the eligibility and set aside dollars to ensure low-income persons can be offered needed inpatient and outpatient hospital services.

	2001	2002	2003
Persons served in last twelve months	147	141	182
Charity Care Allocation	(\$126,172)	(\$69,932)	(\$84,556)

Hospital Community Benefit Projects and the Projects' Net Cost

On an annual basis, all nonprofit hospitals will report on the progress that the local community has made in reducing the incidence of disease and improving the delivery of health services in the community.

Name of Program and Description of Progress Made in Achieving Annual Objectives	Net Costs of Programs
Campaign for our Kids (CFOK)	(\$2,719)
Healthy Families	\$0
Healthy Expectations	(\$7,972)

Summary of Unreimbursed Costs of Charity Care, Government Funded Programs, and Community Benefits

Based on uniform definitions of costs, each nonprofit hospital must identify the costs of serving its community that are not reimbursed by government and other third party payers.

Specialized Programs	Unreimbursed Costs
1. Total unreimbursed costs of providing care to patients unable to pay, to patients covered under government funded programs, and for medical education, training.	(\$84,556)
2. Community Health Education	(\$57,789)
3. Community Programs and Services	(\$10,691)
4. Other Unreimbursed Costs	(\$125,010)
5. Total Costs of Providing Community Benefits	(\$278,046)

Identification of Additional Non-Hospital Charity Costs

In addition, some hospitals will have non-hospital organizations under its ISDH license are providing community benefits in this fiscal year.

Organization Providing Charity Care	Net Costs of Care
None	\$0

For further information on these initiatives, contact:

Hospital Representative: Kelly Dunham

Telephone number: 260/920-2558

Web Address Information: www.dekalbmemorial.com

ISDH STATISTICAL COMPARISON BETWEEN THIS HOSPITAL AND OTHER HOSPITALS IN ITS PEER GROUP

PERFORMANCE INDICATOR	METHODOLOGY	THIS HOSPITAL'S RESULTS	PEER GROUP AVERAGE
1. # of FTE's	Number of Full Time Equivalents	349	238
2. % of Salary	Salary Expenses divided by Total Expenses	41.5%	40.6%
3. Average Daily Census	Patient Days divided by annual days (365 days)	15.2	14.6
4. Average Length of Stay	Number of Patient Days divided by the Number of Discharges	2.8	3.6
5. Price for Medical/Surgical per stay	Total Medical/Surgical charges divided by Medical/Surgical discharges	\$2,045	\$4,004
6. Gross Price per Discharge	Gross Inpatient Revenue divided by the Total Discharges	\$6,877	\$8,869

7. Outpatient Revenue	Outpatient Revenue divided	72.1%	66.0%
Percentage	by the Gross Total Revenue		
8. Gross Price per Visit	Gross Outpatient Revenue divided by the Total Outpatient Visits	\$539	\$765
9. % of Medicare	Medicare Revenue divided by the Gross Patient Revenue	39.8%	40.5%
10. % of Bad Debt	Bad Debt Expense divided by the Gross Operating Expenses	5.8%	8.0%
11. Charity Allocation	Unreimbursed costs of providing services to patients under adopted charity policy	(\$84,556)	(\$270,368)
12. Net Margin	Excess of Revenue over Expenses divided by the Total Operating Revenue	7.3	3.2

Notes:

- 1. NR = Not Reported
- 2. See Statewide Results for definitions of terms.